

Los Angeles County's Substance Use Disorder Organized Delivery System

Minutes

CLINICAL SERVICES AND RESEARCH BRANCH STAKEHOLDER WORKGROUP		
Topic	Withdrawal Management Benefit Stakeholder Meeting	
Date	July 7, 2016	
Time	9:30 AM – 12:00 PM	
Venue	Conference Room 8050, Building A-8 1000 South Fremont Avenue, Alhambra, CA 91803	
PARTICIPANTS		
Stakeholders	Antelope Valley Council on Alcoholism & Drug Dependency Asian American Drug Abuse Program BAART Programs BAART Programs BAART Programs Behavioral Health Services, Inc. Bienestar Human Services CLARE Foundation, Inc. CLARE Foundation, Inc. Helpline Youth Counseling, Inc. Homeless Health Care Los Angeles, Inc. Live Again Recovery Homes Los Angeles Centers for Alcohol and Drug Abuse Los Angeles Centers for Alcohol and Drug Abuse Medi-Cure Health Services Principles, Inc Prototypes, Inc. Safe Refuge San Fernando Valley Community Mental Health Center, Inc. Shields for Families, Inc. Southern California Alcohol & Drug Programs, Inc. Sunrise Community Counseling Center Tarzana Treatment Centers, Inc. UCLA ISAP	Virginia Alvarez James Stinson Louie Morales Daniza Orellana Mahshid Reaves Candy Cargill-Fuller Susan Forrest Jim Gilmore Shirley Summers Oscar Guiterrez Mario Marquez Jared Friedman Lisa Steele Jihan Mockridge Erika Aguirre-Miyamoto Theodore Herrington Cynthia Holmes William Tarkanian Josephine Kannike-Martins Christina Lynn Gonzales April Wilson Kathy Romo Serina Rosenkjar Iris Cruet-Rubio Arlene Vasquez Jennifer Bae Jim Sorg Desiree Crevecoeur-MacPhail
SAPC Staff	John Connolly, Loretta Denering, Timothy Dueñas, Kristine Glaze, Krystal Ho, Tina Kim, Elizabeth Norris- Walczak, Ashley Phillips, Glenda Pinney, Mildred Reyes-Martinez, Gary Tsai, Way Wen	
MEETING PROCEEDINGS		
Agenda Items	Discussion	
I. Welcome and Introductions	Dr. Gary Tsai, Substance Abuse Prevention and Control (SAPC) Medical Director and Science Officer, opened the meeting by welcoming all participants and giving an overview of the stakeholder workgroup series. Provider introductions were bypassed as	





a means to save time, John Connolly, SAPC Deputy Director, then provided updates/announcements for 3 items. Dr. Tsai began with an overview about what Withdrawal Management (WM) looks like in Los Angeles (LA) County by going over the PowerPoint slides about the estimated WM utilization and capacity. The document contained a pie graph that depicted the levels of care (LOC) and estimations around the utilization of those levels of care. It was noted II. Stakeholder that residential medical detoxification, also known as WM, comprises 7% of the LOC Process services provided. The document also provided a more comprehensive overview of Overview residential medical detoxification bed capacity for three facilities, as well as the estimated utilization for number of clients per bed per year. Dr. Tsai noted that SAPC's goal is to see an expansion of WM services in the residential, and outpatient/ambulatory settings, and across the County overall. III. Member The expectations for this stakeholder meeting included that each member follow along during the reading of the Withdrawal Management Benefit narrative by Elizabeth Norris-Expectations and Ground Walczak, Clinical Psychologist II, and contribute to discussion through raising questions and comments on the information presented in the narrative. Rules Workgroup participants reviewed the Withdrawal Management Benefit narrative and had the recommendations, comments and questions recorded below: Recommendations Providers suggested they revisit WM services with their own staff because their mindset is that these services are not available, so they discount referring patients for it. There is a need to overcome this mindset amongst staff. Providers would like to see some language in regards to serving the homeless population through the different LOCs under the American Society of Addiction Medicine (ASAM) Criteria. There is a bias amongst some assessors against homeless clients seeking residential treatment. They tend to assume that homeless clients who request residential services are doing so in order to seek shelter, thus, conducting the assessment inaccurately or too conservatively. SAPC believes the most viable way to address the issue of assessor bias is to educate and train the workforce so that they are operating in the direction in which IV. Document the waiver is striving to move towards. While SAPC will provide these trainings, Review and the providers need to encourage their staff and give them time to attend these Discussion trainings. In regards to the medication services component of WM, there is a concern about the language stating that "the assessment of side effects and/or impact of these medications, should be conducted by staff lawfully authorized to provide such services within their scope of practice and licensure." Providers would like more clarity on whether the counselors or the therapists can monitor the patients for medication side effects or only the medical personnel, such as nurses, can assess the patients. Meeting notices for medication-assisted treatment (MAT) collaborative meetings should be sent to the provider agencies' administrator/s (e.g., CEO) in addition to the medical directors. Case management needs to continue when the patient is transitioning between

LOCs instead of the patient receiving no case management once discharged from

an agency and have not yet connected to the next LOC.





Comments

- <u>Information Notice No. 15-048</u> from the California Department of Health Care Services (DHCS) walks providers through WM options and how to amend licenses and certifications depending on the level of WM.
- Regarding the anticipated number of beds needed, if providers were queried about how many people were turned away, SAPC would get a different number for the estimated number of beds needed.
- Providers believe that the implementation of WM services is mostly a capacity issue as there are many individuals on the waitlist for this service. The concern is whether the estimated utilization and capacity is enough for the number of potential participants in LA County.
- One unanticipated challenge with contracted physicians is that they do not feel that non-medical staff should be providing supportive services in detox, and therefore only rely on nurses instead of other substance use disorder (SUD) professionals. The physicians want nurses who are medically trained to follow their doctor's orders and monitor patients more closely. Providers believe that the limited resources, including the few psychiatrists who are available, are barriers to expanding detox services. Providers need to think about how, and to what degree, certified SUD counselors who do not have extensive knowledge or training to interpret vital signs, can provide services in the detox setting.
- It is important that providers make clinical decisions for residential service placement based on the ASAM Criteria because it is more objective. If we are creating a safety valve for the residential service that is artificial (i.e., not admitting patients to the residential services because of the 2 admission limits set by the State), the State will look at the data and not see any problem with the 2 admission rule, and will be less receptive to change. This is important because we need to put together cases that are data-based. The State has indicated that it will review this limitation after the first year of the waiver implementation.
- Observation is not just line-of-sight. It could entail doing an extra set of vital signs or completing another assessment. It could be more intensive in the WM setting.
- Providers noted that there is no representative from Contracts Unit in the WM
 meeting. Providers would like to see SAPC Contract and State staff participate in
 these meetings and be part of the discussion.

Questions

- The estimated number of total beds needed are 155, seems pretty low for what is actually needed. Are there other factors when thinking about the anticipated need? Maybe people are not coming currently, or programs are not offering more because it is pretty expensive and there is not a lot of reimbursement. Therefore, if programs were reimbursed at a more appropriate level, that would help with expanding WM service capacity.
 - SAPC will negotiate DMC rates with the State and anticipates these will be higher than current rates. Agencies can also apply to become WM providers via SAPC Master Agreement for detoxification (WM) services and will the required DMC certification/license from DHCS. currently funded by SAPC, these prior years are required.
- In the past, in order to start a detox service funded by SAPC, providers need to have been providing the service for 4 out of 7 prior years. Is this still true? Will it still apply in order to obtain a master agreement?





- Yes, it still applies for now. SAPC anticipates making changes in preparation for the launch of the wavier, and will determine if the Master Agreement and/or contract language needs to be revised to support appropriate expansion of this service.
- In regards to the bed capacity with WM services, do providers have the flexibility to open up more beds and adjust in response to regional areas?
 - It will be very flexible as there is no finite limitation to the bed capacity. If providers are certified, they can open up the beds and deliver the service.
- Since WM is not an ASAM LOC for youth, and is administered on a caseby-case basis, how do youth providers help them with WM services?
 - Youth providers shall submit a service authorization request to the SAPC's Quality Improvement/Utilization Management (QI/UM) Unit.
- For the Community Assessment Service Centers (CASC), what is the appropriate scope of practice and licensure to determine a client's anticipated need for detox? Will a chemical dependency specialist using ASAM Criteria be sufficient enough to determine that a client needs to be sent to a detox provider?
 - The brief triage assessment would assist in determining whether WM is the most appropriate LOC, and this would be completed by at minimum a certified counselor. Once referred to the WM site, qualified personnel from that facility would verify appropriateness of the placement. We need to have language to emphasize that people should be operating within the scope of their practice.
- Some providers are turning clients away even though they have used methamphetamine. What are the criteria or what substance does and does not get an individual into the residential detox?
 - It is best to avoid specifically listing which substances are eligible for WM because it is an individualized decision. The considerations need to be made based on the factors such as substances used and the individual's withdrawal symptoms. The focus needs to be on the policies at the residential facilities and how to get them to understand why we are approaching it in this manner.
- How do we bridge the gap with Mental Health? Are they able to handle patients with SUDs, or will detox facilities need to treat patients with substance-induced psychosis? Mental Health is not always willing to treat someone if they think their symptoms are a result of substance use. They usually want to wait for 30 days.
 - It is an educational issue with mental health providers. SAPC is aware that providers are not able to treat patients who are acutely psychotic, or have acute psychiatric needs. The system is not designed to meet these needs. Dr. Tsai has been conversing with the LA County Department of Mental Health (DMH) to address this issue.
- In regards to WM Levels 3.7 and 4, the first paragraph of the narrative indicates that the benefits have not been developed yet. Is it going to be managed as residential is managed, with authorization required for those levels, as well as the residential admission quotas?





- SAPC does not currently have an answer in regards to the authorization requirement as we are still considering how to plan for this and integrate it into the care continuum for SUD services.
- For clarification purposes, are providers supposed to be using Diagnostic and Statistical Manual (DSM) 3, 4, or 5? One provider was informed by their Contract Program Auditor that they should be using 3 or 4.
 - The State recently clarified that any of the three would be acceptable, but SAPC advises against using DSM 3 since it is outdated. However, the narrative specifically refers to the current DSM, so it would be DSM 5. Dr. Tsai or John will bring the concerns to SAPC's Contract Unit.
- Can SAPC help the providers by advocating that the State's auditing practice be more standardized instead of each auditor using different standards?
 - SAPC had brought this up with the State and will continue to do so.
- Would the observation service component of WM fall under documentation or under case management? Can it be a case management note that is billable, or just observation as a practice that is in place?
 - Observation would not count as case management. SAPC will look into how it will be billed.
- Does "intake documentation based on the ASAM Criteria" mean something outside of the assessment, as in other intake forms?
 - It is referring to the assessment information generated at intake, which could include ASAM assessment and other data such as lab results.
- Are documentation templates currently available?
 - The QI/UM documentation templates are available on SAPC's website. For the providers who have electronic records, SAPC's Information Technology (IT) team is working to determine how to integrate the systems. There will be a workgroup hosted by SAPC's IT.
- Can the SAPC documentation be aligned with the accreditation agencies such as CARF or JACHO?
 - SAPC-developed documents are aligned with the standards of practice in the SUD treatment field.
- Will transportation be covered for patients going between residential to WM?
 - John Connolly will follow up with State on transportation coverage.
- Is LVN an LPHA?
 - SAPC received State's clarification after the meeting: LVN is not an LPHA.

Updates

- The implementation plan that was discussed during the last Residential Services workgroup meeting, was submitted to DHCS for a third time, and is currently under review at the moment.
- There is an upcoming Recovery Support Services workgroup meeting on July 21, 2016. John Connolly noted that this is a new LOC that SAPC is currently working on with Health Management Associates (HMA), a consulting firm, who is





	conducting research to help develop the benefits for this LOC. He advised providers that the document will be extensive for this particular meeting and that participants should review it in advance.	
	 There is an upcoming Physician Consultation workgroup meeting on July 28, 2016, which will be led by Dr. Tsai. Providers are encouraged to have their medical directors and/or physicians attend this particular workgroup. 	
V. Next Steps	Additional feedback may be sent through SAPC's website or email at SUDTransformation@ph.lacounty.gov. Meeting notes will be posted online, and SAPC will update the Withdrawal Management Benefit narrative as appropriate.	



